DOCUMENT RESUME

ED 333 272 CG 023 426

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TITLE Assessment of Alcohol and Other Drug Abuse with Referred Adolescents.
PUB DATE Apr 90
NOTE 17p.; Paper presented at the Annual Meeting National Association of School Psychologists (22nd, San Francisco, CA, April 17-22, 1990).
PUB TYPE Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adolescents; *Alcohol Abuse; Counselor Training; *Drug Abuse; *Educational Diagnosis; *Evaluation Methods; Referral; School Psychologists; Secondary Education

ABSTRACT

Adolescents with alcohol or other drug problems may be referred to school psychologists for assessment and may demonstrate symptoms similar to handicapping conditions such as learning disabilities or emotional disturbances. School psychologists who work with these students need to have assessment techniques that will help them determine the probability that referred adolescents have alcohol or other drug problems. In this document, procedures in the referral and testing process which can assist the school psychologist in assessing the likelihood that alcohol and other drug use and abuse contribute to the academic and behavioral problems of adolescents are presented. Pre-referral questionnaires, initial interviews, behavioral observations, and assessment devices are discussed, along with suggestions for referring substance abusing adolescent and implications for the training of school psychologists. A brief overview of the extent of alcohol and other drug use among adolescents is included. Standardized assessment devices discussed include the Michigan Alcohol Screening Test, the Questionnaire on Drinking and Drug Abuse, the Life Skills Training Student Questionnaire, and the Substance Abuse Subtle Screening Inventory. The document concludes with the recommendations that course work in the alcohol and other drug field be included in the training of school psychologists and that such training be required for recertification. (NB)

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Assessment of Alcohol and Other Drug Abuse with Referred Adolescents

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Abstract

Adolescents with alcohol or other drug problems may be referred to school psychologists for assessment and demonstrate symptoms similar to handicapping conditions such as learning disabilities or emotional disturbance. Therefore, school psychologists have a need for assessment techniques to determine the probability that referred adolescents have alcohol or other drug problems. In this article, pre-referral questionnaires, initial interviews, behavioral observations and assessment devices are discussed. Suggestions for referring substance abusing adolescents and implications for training are also discussed.

Assessment of Alcohol and Other Drug Abuse with Referred Adolescents

Risk factors for adolescent substance abuse have been identified by several investigators (Anderson, 1987; Hawkins, Lishner & Catalan, 1985; Rhodes & Jason, 1988). These risk factors include early antisocial behavior and hyperactivity; academic failure; little commitment to school; alienation, rebelliousness, and lack of social bonding to society; and antisocial behavior in early adolescence. Obviously, students referred to school psychologists usually are perceived as exhibiting some or all of these characteristics. However, in the effort to determine whether or not a referred student meets eligibility requirements for special education, school psychologists may fail to consider the possibility that academic and behavioral problems of adolescents may be related to substance abuse. Furthermore, the cognitive impairment and behavioral changes which result from the abuse of alcohol and other drugs may result in the misclassification of adolescents as learning disabled or seriously emotionally disturbed. Therefore, the purpose of this article is to discuss procedures in the referral and testing process which can assist the school psychologist in assessing the likelihood that alcohol and other drug use and abuse contribute to the academic and behavioral problems of adolescents. Suggestions for helping the alcohol and other drug abusing adolescent will be made and implications for the training of school psychologists will be discussed.

Extent of Alcohol and Other Drug Use Among Adolescents

The National Institute on Drug Abuse has conducted a yearly study of the drug use patterns of high school students since 1975. The population surveyed consists of 12th graders which may result in an underestimate of the extent of alcohol and other drug use by high school students since many heavy users may have left school by 12th grade. Nevertheless, the prevalence of use is cause for concern. In the class of 1987, 66.4% had used alcohol in the last 30 days, 23.4% had used marijuana, 2.8% hallucinogens and 4.3% cocaine. With regard to daily use, the prevalence rates were as follows: alcohol, 4.8% with 37.5% reporting the consumption of five or more drinks in a row in the last two weeks; marijuana, 3.3%; hallucinogens, .2% and cocaine, .2%. Retrospectively, 56% of these students reported initial use of alcohol prior to high school with nearly 1/2 of marijuana users beginning before high school. Most use of hallucinogens and cocaine began in high school (Johnston, O'Malley, & Bachman, 1988). Given the risk factors cited, it would be expected that a significant number of adolescents referred to school psychologists would be using and perhaps, abusing alcohol and other drugs.

Pre-Referral Questionnaire

Most school districts utilize questionnaires completed by teachers and/or parents to determine the appropriateness of a

referral. These questionnaires also provide useful background information which is utilized in making diagnostic decisions.Questions can be asked which provide direct and indirect evidence of substance use and abuse. Certainly, the teacher(s) and parents can be asked directly if they know or suspect that the adolescent is involved with alcohol or other drugs. While this information will rarely be detailed enough to determine the severity of alcohol or other drug use, it can lead to follow-up by members of the multi-disciplinary team. If the adolescent has received treatment for an alcohol or other drug problem, the possibility of relapse should be considered.

While parents and teachers may not have direct knowledge as to whether or not a referred adolescent is using alcohol and other drugs, they may have information which, indirectly, would lead to a suspicion that the adolescent may be using. Some or all of this information may be gathered through the pre-referral questionnaire. For example, a family history of alcoholism or other drug addiction puts the adolescent in a high risk category for drug abuse (Bennett, 1983) Even if the adolescent is not drug involved, the problems in behavior, emotion, growth and development and learning of children from alcoholic homes is well documented (Chafetz, Blane, & Hill, 1971; El-Guebly & Offord, 1977; Fox, 1962; Mayer, Black, & MacDonald, 1978; Wilson & Offord, 1978) and may assist the MDT in understanding the adolescent's difficulties. Adolescents who have frequent

involvement with the legal system are more likely than other adolescents to be alcohol or other drug involved (Rhodes and Jason, 1988). Obviously, offenses involving possession of alcohol or other drugs is significant but incidents of stealingand/or selling stolen merchandise may also be indicative of an adolescent with a substance abuse problem. Parents and teachers may notice changes in behavior in adolescents who are heavily involved in alcohol and other drug use. These changes may be seen in academic performance and school behavior, sleeping and eating patterns, choice of friends or frequency of mood swings. Certainly, alcohol and drug involvement should be considered with adolescents whose school attendance, behavior and academic performance was at least adequate in elementary school and then deteriorated in middle school. Frequent sleeping and excessive eating may be symptomatic of marijuana use while difficulty sleeping and weight loss may be characteristic of heavy use of stimulant drugs (e.g. cocaine, methamphetamine). Adolescents who are heavy users of alcohol and other drugs begin to associate exclusively with peers who also use and, thus, may discontinue association with friends who do not use. Parenthetically, associating with peers who use alcohol and other drugs is among the best predictors of adolescent substance abuse (Hawkins, et al, 1985). Finally, substance abusing adolescents may evidence mood swings beyond that which would be expected from the typical adolescent. Cycles of euphoria followed by

irritability, withdrawal and depression may be seen in the substance abusing adolescent.

Initial Interview

The pre-referral questionnaire may provide some evidence to suspect that the adolescent is involved in substance abuse. Theschool psychologist may also wish to gather information directly from the adolescent during the rapport building phase of the evaluation. Care must be taken to avoid an interrogation or questions of such specificity that the adolescent is "turned-off" to the evaluation process. However, even innocuous questions can be helpful. For example, it is quite common to ask about activities the student enjoys with family and friends. Adolescents with substance abuse problems may not engage in many activities with family members preferring to spend time alone or with using friends. With friends, the adolescent may say that he or she likes to "party" or "hang out" or "go to the mall". While this, in and of itself, does not validate a suspicion of substance use, it would be consistent with other indirect evidence. The adolescent who is a frequent user is less likely to mention specific activities with friends such as "play basketball" or "make models". Asking the adolescent about peer relationships can also be helpful. Some adolescents will report an affiliation with sub-groups who are known to be users (i.e. "I'm a stoner"). The adolescent may report frequent fights with

others or being isolated. With regard to family relationships, the adolescent may indicate that both parental and sibling relationships are poor. This is particularly likely in chemically dependent families in which the adolescent is adopting a "scapegoat" role (Wegscheider, 1981). It may also be revealing to inquire about early school experiences. If the adolescent reports positive or neutral experiences which changed abruptly in the middle or high school years, suspicion is raised. Finally, many adolescents are surprisingly open about their alcohol and other drug use. This may be because they do not perceive any problem in their use or they may enjoy "bragging". Before directly inquiring about use, the school psychologist should become aware of the confidentiality laws in their state.

Behavioral Observation

It would be rather rare for a school psychologist to see the behavioral manifestations of drug dependency during an evaluation. Most adolescents do not develop the withdrawal symptoms and other physical problems associated with long-term alcohol or other drug abuse (Wheeler & Malmquist, 1987). However, adolescents may demonstrate behaviors associated with drug dependency which the school psychologist observes during an evaluation. For example, the adolescent may become excessively restless, especially late in testing. Poor short term memory may be seen in adolescents with heavy marijuana use. The

adolescent's mood may progress from amiable to sullen and withdrawn as testing proceeds. The adolescent who is addicted to stimulant drugs (e.g., cocaine, crack or methamphetamine) may have an anorexic appearance. Obviously, it would be easy for the school psychologist to attribute these characteristics to other conditions. For example, adolescents who are restless during evaluation or demonstrate short term memory deficits may be diagnosed as learning disabled or attention deficit disorder. Therefore, it is important to utilize information from the pre-referral questionnaire and the interview to make an accurate diagnosis. It is certainly the case that adolescents may have dual diagnoses. That is, an adolescent may be learning disabled and have an alcohol or other drug problem. However, it is important for the school psychologist to consider alcohol or other drug abuse as a causal factor and not immediately attribute the observed behavior and other characteristics to other conditions.

Assessment Devices

Standardized instruments do exist to assess the alcohol and other drug involvement of adolescents. For example, the widely used Michigan Alcohol Screening Test (Selzer, 1971) is a 24 item, "yes" or "no" format, test to diagnose alcohol problems in clients of all ages. There is a considerable body of empirical evaluations regarding the usefulness of this test. The

Questionnaire on Drinking and Drug Abuse (Heckman, 1983) was designed for college aged students but can be used with adolescents. This instrument consists of 36 questions regarding problem situations (e.g., missing class after drinking or drug use) that can be answered "yes" for alcohol or drugs or "no". The content of both these instruments is obvious which limits usefulness with defensive or guarded individuals or those who are in denial regarding substance use problems.

A more comprehensive questionnaire is the Life Skills Training Student Questionnaire (Botvin, G.J., Baker, E., Resnick, N., Filazzola, A.D., & Botvin, E.M., 1984). This inventory contains scales designed to assess students' substance usage, substance knowledge, attitudes about substances and a number of cognitive variables (assertiveness, locus of control, social anxiety, self-esteem, self-confidence, self-satisfaction, substance use influenceability, and general influenceability) which have been linked with adolescent substance use. The questionnaire is lengthy and designed for research purposes, although sections of the instrument can be used as needed. Again, the content of questions related to substance use is obvious.

An instrument that may be useful for school psychologists is the Substance Abuse Subtle Screening Inventory (SASSI) (Miller, 1985). This test has both an adult and adolescent form and consists of 52 true-false questions seemingly unrelated to

substance abuse and 12 alcohol-related and 14 drug-related items. Administration time is 10-15 minutes and scoring is relatively simple. The SASSI utilizes a series of decision rules to determine if the adolescent has a substance use problem. The decision rules begin with positive responses to questions regarding alcohol and other drug use and progress to consideration of scores (expressed as T-scores) on scales of obvious and subtle attributes of substance abuse and defensive responses. Since the content of the 52, true-false items is unrelated to substance use, faking is difficult. The validation data in the test manual is quite compelling. The SASSI may offer school psychologists a rapid and quite accurate method to determine if the adolescent should be referred for further assessment of alcohol or other drug problems.

Referral

When a school psychologist suspects that a referred adolescent has an alcohol or other drug problem, appropriate referral is the proper protocol. Many schools have initiated Student Assistance Programs (Anderson, 1987) in which a core team of trained school personnel may intervene with students who have substance abuse problems. In schools with Student Assistance Programs, the school psychologist should refer the adolescent to the team. Additionally, most substance abuse treatment facilities which serve adolescents provide free assessment services. The family should be encouraged to pursue this type of

assessment. If it is determined that the adolescent has a substance abuse problem, treatment recommendations will be made to the family. If school psychologists are uncertain as to which treatment facilities provide free assessments, the state agency which coordinates alcohol and other drug prevention and treatment services can be contacted for referral information.

Implications for Training

The training requirements for school psychologists are certainly rigorous. National Association for School Psychologists accreditation guidelines require 60 semester credits of graduate study and a 1200 hour internship. It is not popular to advocate for additional training considering the already demanding requirements. However, there is no requirement that school psychologists receive training in the assessment of substance abuse problems. Considering the prevalence of this problem among adolescents and the high probability of misdiagnosis due to the similarity of symptoms of substance abuse and other conditions, some training in this area seems warranted. Additionally, it would be useful for school psychologists to be trained to recognize the characteristics of children who have alcoholic and other drug addicted mothers and to be familiar with the behavioral manifestations of children raised in chemically dependent homes. Therefore, it is recommended that course work

in the alcohol and other drug field be included in the training of school psychologists. At a minimum, such training should be required for recertification.

References

Anderson, G. L. (1987). The student assistance program model. Greenfield, Wisconsin: Community Recovery Press.

Bennett, G. (1983). Youthful substance abuse. In G. Bennett, C. Vourakis, & D. S. Woolf (Eds.) Substance abuse: Pharmacologic, developmental and clinical perspectives. New York: John Wiley and Sons.

Botvin, G. J., Baker, E., Resnick, N., Filazzola, A. D., & Botvin, E. M. (1984). A cognitive-behavioral approach to substance abuse prevention. Addictive Behaviors, 9, 137-147.

Chafetz, M. E., Blane, H. T., & Hill, M. J. (1971). Children of alcoholics: Observations in a child guidance clinic. Quarterly Journal of Studies on Alcohol, 32, 687-698.

El-Guebly, N., & Offord, D. R. (1977). The offspring of alcoholics: A critical review. American Journal of Psychiatry, 134, 357-365.

Fox, R. (1962). Children in the alcoholic family. In W. C. Bier (Ed.), Problems in addiction: Alcohol and drug addiction. New York: Fordham University Press.

Hawkins, J. D., Lishner, D. M., & Catalano, R. F. (1985). Childhood predictors and the prevention of adolescent substance abuse. In C.L. Jones and R.J. Battjes (Eds.) Etiology of drug abuse: Implications for prevention. Washington, D.C.: National Institute on Drug Abuse.

Heckman, B. (1983). Questionnaire on Drinking and Drug Abuse. Unpublished instrument, Illinois State University, Normal.

Johnston, L. D., O'Malley, P. M., & (1988). Illicit drug use, smoking, and drinking by America's high school students, college students, and young adults 1975-1987. Rockville, Maryland: National Institute on Drug Abuse.

Mayer, J., Black, R., & MacDonald, J. (1978). Child care in families with an alcohol addicted parent. In F. A. Seixas (Ed.), Currents in Alcoholism, (Vol. 4, pp.57-72). New York: Grune & Stratton.

Miller, G. A. (1985). Substance Abuse Subtle Screening Inventory, Spencer, Indiana: Addiction, Research and Consultation.

Rhodes, J. E., & Jason, L. A. (1988). Preventing substance abuse among children and adolescents. New York: Pergamon Press.

Rhodes, J. E., & Jason, L. A. (1988). The operation snowball community-based substance abuse prevention program. Invited paper at the First National Conference on Prevention Research Findings, Kansas City, MO.

Selzer, M. L. (1971). Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. American Journal of Psychiatry, 127, 1653-1658.

Wegscheider, S. (1981). Another chance: Hope and health for the alcoholic family. Palo Alto, CA: Science and Behavior Books.

Wheeler, K., & Malmquist, J. (1987). Treatment approaches in adolescent chemical dependency. The Pediatric Clinics of North America, 34, 437-447.

Wilson, C., & Offord, J. (1978). Children of alcoholics: Report of a preliminary study and comments on the literature. Quarterly Journal of Studies on Alcohol, 39, 121-142.